

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>78501</i>	<i>4/25</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>11</i>	<i>5/29/11</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		<i>61001</i>	<i>6/22/11</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	3-7-08
2	✓	✓	9-20-03
3	✓	✓	5-17-04
4	✓	✓	
5	✓	✓	
6	✓	✓	
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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